Best availaining Lupy

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09845575

| Claims as filed - part i | | | | | | | 9 | SMALL ENTITY | | | OTHER THAN | | |
|---|---|---|------------------------------------|-----------------------------------|--------------|------------------|------------|--------------------|------------------------|-----------------|---------------------|------------------------|--|
| (Column 1) | | | | | (Colu | mn 2) | TYPE | | | OR SMALL ENTITY | | | |
| TOTAL CLAIMS | | | 33 | | | | | RATE | FEE | 7 | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS 3 | | | 33 min | 3 minus 20= • | | • 13. | | X\$ 9= | 117 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | √ minus 3 = | | | | | X40= | 40 | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | 12(| OR | | | |
| * If the difference in column 1 is less than zero, enter | | | | | "0" in c | olumn 2 | <u>{</u> L | TOTAL | 647 | OR | TOTAL | | |
| Claims as amended - Par | | | | | | | | | · . | 9 | OTHER | THAN | |
| (Column 1) (Colum | | | | | | (Column 3) | 9, | SMALL I | ENTITY | OR | SMALL | | |
| AMENDWENT A | · · | CLAIMS REMAINING AFTER AMENDMENT | , | HIGHE NUME PREVIO PAID F | IER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | •22 | Minus | <u></u> 3 ? | 3 | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | NTATION OF MI | Minus | FAIDENT | CLAIR | = - | | X40= | 43. | OR | . X80= | • • | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | · | |
| | | | | ÷. | | | <u>L</u> | TOTAL DDIT, FEE | 43 | OR | TOTAL ADDIT. FEE | | |
| | | ^ | | | , | NODIT. PEEL | | | | | | | |
| 63 | | (Column 1) CLAIMS |] . [| (Colum | ST | (Column 3) | | | ADDI- | ſ | | ADDI- | |
| amendment B | , | REMAINING AFTER AMENDMENT | | PREVIO PAID F | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL | |
| | Total | • | Minus . | •• | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | ATATION OF MI | Minus | ENDENT | C) A()A | = | | X40= | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | | | | OR | TOTAL | | |
| | • | · /n-4 | | <i>.</i> | | /D-1 == | A | DDIT. FEE 🛚 | | Uni | ADDIT. FEE | | |
| | · · · · · · · · · · · · · · · · · · · | (Column 1) CLAIMS | j (| (Colum | | (Column 3) | | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | , | NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | | RATE | ADDI TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | •• | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | | = | | X40= | | OR | X80= | | |
| | FIRST PRESE | | +135= | | On | | | | | | | | |
| • | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +270= | | |
| •• | If the "Highest Nu | mber Previously Pa | aid For IN THIS | S SPACE is | less tha | n 20, enter "20. | . A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT: FEE | | |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| | The "Highest Nun | mber Previously Pai | eid For IN THI id For (Total or | S SPACE IS | nt) is the | highest numbe | r four | nd in the app | ropriate box | | | | |